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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Degree of Number)
(Document Number)
Certified Copies Certificates of Status
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EFFECTIVE DATE 3-18-24

14 HAR 24 AM II: 20

MAR 2 4 2014 T. BROWN

COVER LETTER

	٠.
SUBJECT: US Products Trading LLC	
Name of Limited Liabil	ity Company
The enclosed Articles of Organization and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Cristina Oddo	
Name of	Person
US Products Trading LLC	
Firm/Co	mpany
1450 Atlantic Shores Bvld. Apt. 102	
Addı	ess
Hallandale Beach, FL 33009	
City/State an	d Zip Code
usproductstrading@gmail.com E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	,
Cristina Oddo at (860) 841-3984
Name of Person Area Cod	
Enclosed is a check for the following amount:	
Certificate of Status Certificate	oo Filing Fee &

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limite	d Liability Compan	y is:				
					El.	三小
US Products Trading	LLC.				100	
A)	d Liability Company LLC. Must end with the wo	ords "Limited Lia	bility Comp	any, "L.L.C.," or	"LLC為)" 元子	12 11
ARTICLE II - Addres	is:				(47)	
The mailing address an	d street address of the	he principal office	of the Limi	ited Liability Com	pany is: 🏹	
Principal Office Addr	ess:	1	Mailing Add	dress:	`	CALLE DO
1450 Atlantic Shores Hallandale Beach, F			Same			
ARTICLE III - Regist (The Limited Liability another business entity	Company cannot ser	rve as its own Reg				lividual or
The name and the Flori	da street address of	the registered age	ent are:			
	<u>DOR</u>	IN FR	Al			
		Name				
	12525	ORANGE	DRIV	E #708		
	Florida street addı	ress (P.O. Box <u>NC</u>	DT acceptab	le)		
	DAVIE		FL	33330		
	C	City		Zip		
Having book a surel -				C		1. 11:4.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	4450 411 11 01
Cristina Oddo , CEO	1450 Atlantic Shores Blvd, Apt. 102
	Hallandale Beach, FL 33009
Vitaliy Daviy, Secretary	DEEE Colling Aug. and 1905
Vitally Daviy) See Cloud	2555 Collins Ave. apt 1805 Miami Beach, FL 33140
v	Miami Beach, FL 33140
	-
41 v 1 v 6	
fective date is listed, the date must be s	te of filing: <u>03/18/2014</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 9
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)